

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S TA	866 SU 113	5/20/01 06-97-01
RESPONSE FORMALITY REVIEW			10-2-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final Original	Date
1	✓	5/20/01
2	✓	5/20/01
3	✓	5/20/01
4	✓	5/20/01
5	✓	5/20/01
6	✓	5/20/01
7	✓	5/20/01
8	✓	5/20/01
9	✓	5/20/01
10	✓	5/20/01
11	✓	5/20/01
12	✓	5/20/01
13	✓	5/20/01
14	✓	5/20/01
15	✓	5/20/01
16	✓	5/20/01
17	✓	5/20/01
18	✓	5/20/01
19	✓	5/20/01
20	N	5/20/01
21	N	
22	N	
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26	N	
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Claim	Final Original	Date
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Claim	Final Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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9/2/01
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